



Client Away From Home, Who's Responsible??

There may be occasions when a client is visiting outside their enrolled geographic service area and require Behavioral Health Services. When this occurs which T/RBHA is responsible? This is a question that continues to be asked and is a source of confusion for many people. The answer can be found in the Arizona Department of Health Services/Division of Behavioral Health Services Provider Manual, section 3.17.

The home T/RBHA remains fiscally responsible for all services provided to an enrolled person who is visiting or otherwise temporarily residing in a different T/RBHA's geographic service area as long as the person, or legal guardian for a child, maintains a place of residence in the home T/RBHA's geographic service area and intends to return. Due to this policy there will be no need for any T/RBHA to disenroll clients to allow another T/RBHA to bill/encounter for services provided in their geographic service area.

If the person, or legal guardian for a child, continues to reside in the new location after 3 months, the provider or T/RBHA may proceed with an inter-T/RBHA transfer if the person or legal guardian for a child, is consulted and agrees to the change.

Reporting Part D Medicare Costs

The Division has developed a mechanism to capture Part D cost through the encounter system.

Monthly Premiums should be reported using procedure code S9986 with the HW modifier. S9986 is the code used to report Flex Fund services however; using the HW modifier will allow the Department to identify these encounters from the Flex Fund encounters and the billed amounts will not count against the Flex Fund limit.

Co-pays and Coverage Gaps should be encounter in the same manner as any other Medicare service. The RBHAs should use the appropriate Medicare loops on the NCPDP transactions.

Example: \$100.00 prescription
\$5.00 co-pay

The RBHA should submit a \$5.00 co-pay loop and a \$95.00 TPL paid loop.



User Access Request Forms

The Corporate Compliance Office must authorize all requests for access to CIS, Office of Human Rights, Office of Grievance and Appeals, Issue Resolution system, and PMMIS (AHCCCS) databases. In order to obtain access to any of these databases, please fax or mail a copy of the appropriate User Access Request Form and User Affirmation Statement to Stacy Mobbs at (602) 364-4736.

For questions or more information, please contact Stacy Mobbs by telephone at (602) 364-4708 or by e-mail at mobbss@azdhs.gov.



Edit Alerts

An Edit alert is a faxed and e-mailed notice of system enhancements or changes. The Office of Program Support strives to ensure any system enhancements or changes are communicated to all program participants in an accurate and reliable manner. Edit alerts will be distributed when the information is first made available and again with the following monthly publication of the Tidbits.

The following are the Edit Alerts that have been sent out in 2006, both have been implemented.

Originally Sent 1/23/06

DBHS corrected the single to multi-day transaction process in CIS. CIS was not dividing the units by the number of days on multi-day encounters. As a result, a single day encounter (for the same client, different provider), submitted with a date of service equal to one of the days on the multi-day encounter, was rejecting for the N206 (procedure exceeded AHCCCS max limit).

Originally Sent 1/25/06

CIS has been modified to accept encounters without a provider ID in the Attending Physician field. If a provider ID is present in the Attending Physician ID field, it must be a valid provider ID number. The RBHAs will still have to send an Attending Physician loop (loop 2310A) for all inpatient UB encounters to satisfy HIPAA requirements, but the Attending Physician Secondary Identification segment (2310A:REF) is situational and should not be sent if the Attending Physician does not have an AHCCCS Provider ID.

AHCCCS
Division of Health Care Management
Data Analysis & Research, Encounter Unit
Encounter file Processing Schedule
April 2006-September 2006

FILE PROCESSING ACTIVITY	April 2006	May 2006	June 2006	July 2006	Aug 2006	Sept 2006
	Fri	Fri	Fri	Fri	Fri	Fri
Deadline for Corrected Pended Encounter and New Day File Submission to AHCCCS by Friday at 12:00 PM	04/07/06 12:00 PM	05/05/06 12:00 PM	06/09/06 12:00 PM	07/07/06 12:00 PM	08/04/06 12:00 PM	09/08/06 12:00 PM
Work Days for AHCCCS	7	7	7	7	7	7
Encounter Pended and Adjudication Files Available to Health Plans by Monday at 5:00 PM	Mon 04/17/06	Mon 05/15/06	Mon 06/19/06	Mon 07/17/06	Mon 08/14/06	Mon 09/18/06
Work Days for Health Plans	18	13	17	14	14	19

Note:

1. This schedule is subject to change. If untimely submission of an encounter is caused by an AHCCCS schedule change, a sanction against timeliness error will not be applied.
2. Health Plans are required to correct each pending encounter within 120 days.
3. On deadline days, encounter file(s) must arrive at AHCCCS by 12:00 p.m., Noon.



Who Do I Call??

If you need assistance please contact your assigned T/RBHA Representative

Dennise Gray	CPSA 3&5	(602) 364-4677
Barbara Carr	Cenpatico 2&22	(602) 364-4734
Eunice Argusta	NARBHA	(602) 364-4711
	Gila River	
	Navajo Nation	
	Pascua Yaqui	
Javier Higuera	ValueOptions	(602) 364-4712



Coding Q & A

Q If a consumer prefers to e-mail rather than phone their Case Manager, Clinical Liaison, etc., may this be billed as case management?

A The Covered Services Guide does not currently include communication via e-mail as a billable case management service. This question has previously been raised and ADHS/DBHS plans to explore the issue to determine if e-mail communication was included in the definition of case management. Should there be any changes to the current policy, the RBHAs will be notified.



Help!!! How Do I Fix This Edit?

In future issues we would like to address edits that are confusing or difficult for the RBHAs to resolve. Please submit any edits you would like explained to your T/RBHA Representative.